

CITY OF MINNEAPOLIS Payroll Direct Deposit Authorization Form

Name: Last, First, Middle Initial		Employee Number(6 digits)
Department		Work Telephone number
ACTION: Start EXCEPTION: DO NOT USE Indicate the financial instit	_ Change FOR City Cou utions to directl	.html or ask your payroll representative Cancel nty Federal Credit Union. y deposit your net pay below. FING FORM FOR EACH ACCOU
Type of Account Name of Bank 9 digit bank routing number		Saving
Account number		
All of net pay Amount \$		
Name of Bank		Saving
9 digit bank routing number Account number		
All of net pay Amount \$		
Type of Account Name of Bank	Checking	Saving
9 digit bank routing number Account number		
All of net payAmount \$	or	
Type of Account Name of Bank	Checking	Saving
9 digit bank routing number Account number		
All of net pay	or	
Amount \$	_ and	receive a check in the mail.
	n above. This includ	amed above to automatically deposit my net les my authorization to reverse any entries mee to cancel it.
Signatur	e <u></u>	Date